



New Jersey Judiciary
Superior Court - Family Division
Voluntary Placement

County of _____
Review Date _____
Board # _____

Review Board Recommendation to the Judge

Review Type: ☐ Status ☐ Special ☐ Permanency

Child		Date of Birth	Age	Division Case Manager / Supervisor	
				NJSpirit Participant #: _____	
Docket # FN- _____ FG- _____ FJ- _____ FC- _____ FF- _____		Next FN court date _____ Next FG court date _____		Next FJ-FF court date _____	
Date of Current Placement _____ Authority for Placement <input type="checkbox"/> Residential <input type="checkbox"/> Independent Living		Repeated Placement <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of original placement _____		Date of Family Summary / Case Plan / Court Report -- Out-of-Home (DCF Form 26-81a) _____	
Division Placement Type (Short Term Plan) <input type="checkbox"/> Resource Home – Relative <input type="checkbox"/> Resource Home – Foster Care <input type="checkbox"/> Resource Home – Family Friend <input type="checkbox"/> Group Care Home <input type="checkbox"/> Institution (Med / Rehab / Psych) <input type="checkbox"/> Residential Facility (Educ / Treatment) <input type="checkbox"/> Other (explain) _____		Division Long Term Goal <input type="checkbox"/> Reunification w/ Parent / Guardian <input type="checkbox"/> Permanency w/ Relative / Family Friend <input type="checkbox"/> Other alternate permanent living arrangement (explain / attach documentation) If the Long Term Goal is Adoption: <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Selected Home <input type="checkbox"/> Undetermined			
1. Agency placement plan for this child satisfies legal criteria (N.J.S.A. 30:4C-55, -58, and -60)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Current goal is <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Current plan is <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable					
3. Date the Division proposed goal / plan is to be achieved: _____ Date satisfies Review Board? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If No, Review Board goal date: _____					
4. Is there a current health form? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is there a current education form? <input type="checkbox"/> Yes <input type="checkbox"/> No		6a. Is there an independent living assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if child is over 14 yrs., attach documentation) 6b. Is there a current independent living plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (if child is over 16 yrs., attach documentation)	
After Reviewing All Information Presented, the CPR Review Board Recommends the Following: Choose Only One: <input type="checkbox"/> A. Continued placement of the child outside of the home is not in the child's best interest and the child should be returned home within two (2) weeks and the Division or designated agency, as appropriate, shall provide reasonable and available services which are necessary to implement the return home. <input type="checkbox"/> B. Continued temporary placement outside of the home is in the child's best interest until the long-term goal is achieved. <input type="checkbox"/> C. Continued temporary placement outside of the home is in the child's best interest, but there is not sufficient information for the board to make a recommendation, therefore, the board requests the court to order the Division or designated agency, as appropriate, to provide the needed information within two (2) weeks of the Court Order. In addition, we further request: (Choose One or More) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1. Sufficient information to be provided within two (2) weeks (Date) _____ <input type="checkbox"/> 2. Case plan to be modified within thirty (30) days (Date) _____ <input type="checkbox"/> 3. New plan and goal to be reviewed within thirty (30) days</div><div><input type="checkbox"/> 4. Summary Hearing <input type="checkbox"/> 5. CASA assigned <input type="checkbox"/> 6. Red Flag - special conditions exist <input type="checkbox"/> 7. Other _____</div></div>					
Appearances: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Resource Family(s) <input type="checkbox"/> Division Supervisor <input type="checkbox"/> Division Caseworker <input type="checkbox"/> Other _____					

Voluntary Placement – CPR Board Recommendation

Child's Name: _____ Docket #: FC- _____ Review Date: _____

Board members attending review (initials only)

☐ Chairperson _____ ☐ Board Member _____ ☐ Board Member _____ ☐ Board Member _____ ☐ Board Member _____

Original reason(s) for placement / Case Summary

Reunification / Risk to child

- ☐ The conditions / circumstances leading to the removal of the child have been corrected and it is safe to return the child home at this time or in the near future for the reasons set forth here: _____
- ☐ It is **NOT** and will **NOT** be safe to return the child home in the foreseeable future because: _____

Reasonable Efforts

Has the Division provided **reasonable efforts to finalize the permanent plan** including reunification where appropriate?

☐ Yes ☐ No **Explain:** _____

Compliance

- ☐ One or more parties are complying with the Division's plan (explanation) _____
- ☐ One or more parties are not complying with the Division's plan (explanation) _____

Board Recommends:

Additional Comments / Questions:

Barriers to permanency at the time of this review:

Please Mark U= Unavailable or I= Inadequate

___ Housing	___ Parent training	___ Substance abuse services	___ Physical handicap services
___ Emergency Shelter	___ Homemaker services	___ Low cost medical services	___ Pregnant teen services
___ Emergency funds	___ Educational / School services	___ Mental Health services	___ Bilingual client services
___ Day Care	___ Employment / Vocational services	___ Mental handicap services	___ Other _____

Termination of Parental Rights: (Permanency Reviews Only)

- ☐ Termination of Parental Rights was granted on the date listed below:
 Mother _____ on _____, 20____
 Father _____ on _____, 20____
- ☐ Termination of Parental Rights to be followed by Adoption is an appropriate plan because: _____
- ☐ This case is **an exception** to the requirement to file Termination of Parental Rights because:
☐ The child is living with a relative
☐ The Division has not provided necessary services to effect family reunification
☐ The following compelling reasons exist in this case: _____
☐ Permanent reason **OR** ☐ until this date _____